



CARBAPENEM-RESISTANT ORGANISM (CRE/CRPA) REPORTING FORM

Fax completed forms to **877-427-7318** | Urgent matters or questions call **877-427-7317**
This form and **submission criteria** available at: <https://www.kdhe.ks.gov/1492>

Today's date: _____

PATIENT INFORMATION

Name: _____
Last First Middle

Mobile phone: _____ Home phone: _____

Residential address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Islander
Ethnicity: ☐ Hispanic ☐ Non-Hispanic
Sex: ☐ Male ☐ Female → Pregnant? ☐ Yes ☐ No ☐ Unknown

DISEASE OR CONDITION INFORMATION

Carbapenem-resistant organism: _____

Hospitalized? ☐ Yes → Hospital Name: _____ Admitted: _____ Discharged: _____
☐ No ☐ Unknown

Died? ☐ Yes (date: _____) ☐ No ☐ Unknown Laboratory/culture results attached: ☐ Yes ☐ No

Laboratory name: _____ Specimen collection date: _____

Carbapenemase test (e.g., CarbaNP, PCR) result (attach): Test name: _____ ☐ Positive ☐ Negative ☐ Not tested

Susceptibility from AST machine (e.g. Vitek) attached and numerical values listed? ☐ Yes ☐ No

Isolate submitted to state? ☐ Yes ☐ No ☐ Unknown

FACILITY AND PHYSICIAN INFORMATION

Facility name: _____ Facility city: _____

Physician name: _____ Phone #: _____

Name of person reporting: _____ Phone #: _____

SUPPLEMENTAL CRE INFORMATION (INPATIENT SETTINGS: NOTIFICATION TO INFECTION PREVENTION DEPT. RECOMMENDED)

Specimen collected in an inpatient setting (e.g., hospital, nursing home)? ☐ Yes (inpatient) ☐ No (outpatient) ☐ Unknown

Inpatient setting: was the patient placed on Contact Precautions? ☐ Yes ☐ No ☐ N/A (outpatient) ☐ Unknown

Inpatient setting: was the patient's medical record "flagged" as CRE for future visits? ☐ Yes ☐ No ☐ Unknown

Where was the patient discharged to? _____ Date: _____

Receiving facility notified of pending CP-CRE test and CRE status of patient? ☐ Yes ☐ No ☐ N/A (outpatient) ☐ Unknown